

GENERAL FACT SHEET

11R-76

BILL NUMBER

BRIEF TITLE

Minority Health Initiatives Project

APPROVAL DEADLINE

REASON

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Resolution Amendment (Amends City Council Resolution #85447) - Revised funding from the Nebraska Department of Health and Human Services for the Lincoln-Lancaster County Health Department's 2009-2011 Minority Health Initiatives Projects. Original award for July 1, 2009 - June 30, 2011 was \$1,005,308.31. The award was reduced by \$4,955.93 in September, 2010. The award will be reduced by another \$7,000.00 with this resolution.</p>	Sponsor	
	Program Departments, or Groups Affected	All automated departments
	Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	<p>BY</p> <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

TAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____	
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project:	\$ _____
		COST of this Ordinance/ Resolution	\$ _____
		RELATED annual operating Costs	\$ _____
		INCREASE REVENUE EXPECTED/YEAR	\$ _____
SOURCE OF FUNDS	CITY [Approximately]		
	_____	\$ _____ % _____	
	_____	\$ _____ % _____	
	_____	\$ _____ % _____	
	NON CITY [Approximately]		
	_____	\$ _____ % _____	
	_____	\$ _____ % _____	
	_____	\$ _____ % _____	
	_____	\$ _____ % _____	
BENEFIT COST <input type="checkbox"/> Front Foot <input type="checkbox"/> Square Foot			
		Average Assessment \$ _____ \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Judith A. Halstead, MS, Health Director

REVIEW BY:

REFERENCE NUMBER